

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10802928

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  | 4            |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 4 minus 20 = | 0            |
| INDEPENDENT CLAIMS  | 4 minus 3 =  | 1            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

A

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 4          | Minus                              | 20            |
| Independent   | 4          | Minus                              | 4             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

B

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 4          | Minus                              | 20            |
| Independent   | 4          | Minus                              | 4             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

914.05

C

|   | (Column 1) | (Column 2)                         | (Column 3)    |
|---|------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 4          | Minus                              | 20            |
| Independent   | 4          | Minus                              | 4             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 385.00 |
| X5 9=     |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 770.00 |
| X518=     |        |
| X86=      | 86     |
| +290=     |        |
| TOTAL     | 856    |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X5 9= |                |
| X43=  |                |
| +145= |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X518= |                |
| X86=  |                |
| +290= |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X5 9= |                |
| X43=  |                |
| +145= |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X518= |                |
| X86=  |                |
| +290= |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X5 9= |                |
| X43=  |                |
| +145= |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| X518= |                |
| X86=  |                |
| +290= |                |
| TOTAL |                |

BEST AVAILABLE COPY